MICHIGAN CATHOLIC CONFERENCE

October 20, 2015

Re: Written testimony for the House Criminal Justice Committee
In support of House Bills 4833-34

Dear Chairman Heise and Members of the House Criminal Justice Committee:

Thank you for the opportunity to provide written testimony in support of House Bills 4833-4834, sponsored by Representative Laura Cox. These measures will limit the dismemberment abortion practice by only prohibiting the procedure from being performed on living babies. This later-term abortion method is commonly referred to as a D&E (Dilation and Evacuation), and as others described during the committee hearing, entails dismembering and removing a living fetus piece by piece.

I write to you today on behalf of the Michigan Catholic Conference, which is the official Public Policy voice of the Catholic Church in Michigan, and encourage your support for this legislation.

Thank you for taking up these bills and allowing for frank discussion on the D&E procedure. Talking about dismemberment abortion can bring awareness of what the procedure does, as well as some of the risk factors associated with post-abortion trauma following later-term abortions. Women should be fully and truly informed with any decision they may make. Their desire for greater information is supported by a study published in the Journal of Medical Ethics which concluded that most women (95%) consider all information about physical or psychological risks to be very relevant to their decisions and are likely to use information provided to them to make their elective surgical decisions, including for abortion.[1] Hopefully this discussion will allow for an increase in knowledge, especially for this type of procedure.

During the committee hearing, some asserted that D&E abortion is used to perform a great majority of later-term abortions. Yet in Michigan, in 2014, the D&E procedure accounted for only 8.2% of all abortions and was utilized in only 47.6% of the abortions reported after thirteen weeks gestation.[2]

It should also be noted that the Michigan Department of Health and Human Service (DHHS), a neutral party, recognizes on its website that there are risks to the health of women who undergo this procedure. With a D&E abortion, some of the potential complications highlighted by the department include "infection, heavy bleeding, and perforation of the uterus (a hole or tear in the

[1] PK Coleman, DC Reardon, MB Lee, "Women's preferences for information and complication seriousness ratings related to elective medical procedures," Journal of Medical Ethics, 32:435-438 (2006).
[2] Michigan Department of Health and Human Services, "Induced Abortions in Michigan: January 1 through December 31, 2014," pg 31, available at http://www.mdch.state.mi.us/pha/osr/annuals/Abortion%202014.pdf. (D&E was utilized for 1807 out of the 3800 abortions performed after 13 weeks gestation.)

wall of the womb)."[3] The department also explains that "[t]he risks of uterine perforation and laceration are slightly greater at this stage of pregnancy than they are in an abortion done earlier due to the larger fetus and thinner uterine walls. Other complications could include cervical incompetence (a condition in which the cervix opens up too early, increasing the risk of a miscarriage in future pregnancies) and injury to the cervix."[4]

With this in mind, the department's annual report of abortion statistics from 2014, also shows that the majority (60%) of immediate complications reported were due to the D&E abortion procedure.[5] While the reported numbers are relatively low, this is a significant spike when considering the data from 2008-2013, where the D&E procedure averaged about 17% of the immediate complications reported.[6] Whether this is an anomaly, or a new trend, time will tell, but this alone may warrant a look at the procedure and why there is a sudden increase in complications.

It is also worth considering why women delay an abortion and may become subject to this procedure. A fact that even abortion rights advocates recognize is that the risks for complications from an abortion increase the longer a woman is pregnant.[7] Most women seeking later-term abortions are either raising other children alone, are depressed or using illicit substances, are in conflict with a male partner or experiencing domestic violence, or are having trouble deciding whether to obtain an abortion.[8] It should be noted that many of these reasons expressed are also recognized risk factors for post-abortion trauma and what the National Abortion Federation (NAF) textbook refers to as risk factors "that may indicate a more difficult abortion procedure."[9] These risk factors include being a victim of physical or verbal assault; substance abuse; mood, affective, or personality disorder; extreme ambivalence; and difficulty in trusting decisions.[10]

Women undergoing later-term elective abortions, including a D&E, are at increased risk for not only physical complications, but emotional and psychological as well. One study found that 67% of women who obtained late-term elective abortions met the American Psychological Association's criteria for post-traumatic stress disorder symptoms (PTSD).[11]

Dr. Elizabeth Johnson, an Associate Scholar for the Charlotte Lozier Institute, points out that the stressful circumstances surrounding an unprepared pregnancy must be addressed for these women considering elective later-term abortions.[12] However, these circumstances women are facing are

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[3] Michigan Department of Health and Human Services, "Dilation and Evacuation (D&E)," available at http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4909_19077-46298--,00.html.
[4] *Id.*
[5] MI DHHS, Induced Abortions Report 2014, *supra* note 2, pg 35.
[6] See MI DHHS Induced Abortion Reports for 2008-2013, available http://michigan.gov/mdhhs/0,5885,7-339-73970_2944_4681---,00.html.
[7] Planned Parenthood, "In-Clinic Abortion Procedures," available at https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures. ("But there are risks with any medical procedure. The risks increase the longer you are pregnant.")
[8] DG Foster, and K Kimport, "Who Seeks Abortions at or After 20 Weeks?," Perspectives on Sexual and Reproductive Health, 45: 210–218, Dec 2013.
[9] Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care, Table 13.1, pg 206, (2009).
[10] *Id.*
[11] PK Coleman, CT Coyle & VM Rue, "Late-Term Elective Abortion and Susceptibility to Post-Traumatic Stress Symptoms," *Journal of Pregnancy* Vol. 2010 (2010).
[12] E Johnson, "The Reality of Late-Term Abortion Procedures," Charlotte Lozier Institute, Jan 2015, available at https://www.lozierinstitute.org/the-reality-of-late-term-abortion-procedures/.

not fundamentally alleviated by having a late-term abortion, including a D&E.[13] Instead, late-term abortion places these women at greater risk of surgical complications, subsequent preterm birth, and mental health problems.[14] Therefore, as a society we should seek out and offer compassionate responses, alternatives to abortion, and support for these women.

Finally, it may be helpful to know that the NAF textbook even asserts that "patients may find solace in knowing that fetal death occurred prior to operative evacuation"[15] in a D&E abortion. From this, one can conclude that knowing or learning this procedure was conducted on a living fetus could exacerbate post-abortion trauma in some women. Dismemberment abortion poses a variety of risks to women, beyond just physical.

Women deserve better. Please support House Bills 4833 and 4834.

Sincerely,

Rebecca Mastee,
Policy Advocate

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[13] *Id.*
[14] *Id.*
[15] Management of Unintended and Abnormal Pregnancy, *supra* note 9, at pg 166.